STATE OF WISCONSIN, CIRCUIT COURT, COUNTY					For Official Use
IN THE MATTER OF THE GUARDIANSHIP OF			Annual Report of Guardian		
	Name of Ward	-			
If you	do not have sufficient space, attach additional information.	Case No	0		
1.	What is your ward's current location and address?				
2.	What type of residence is this? ☐ Private home of ward ☐ Nursing Home ☐ Hospital Facility	dian Group Home			
3.	Is your ward in a locked or unlocked setting? Unlocked Locked (explain setting)	ng:)			
4.	Is this setting the least restrictive environment for your ward's needs? ☐ Yes ☐ No				
5.	Has your ward changed to a more or less restrictive environment in the last year? \[\sum \text{No change} \sum \subseteq \text{To a less} restrictive environment \subseteq \text{To a more} restrictive environment \] Please explain the date and type of change:				
6.	Has your ward's physical condition changed in the last y ☐ No change ☐ Improved Please explain:	ear?	☐ Worsened		
7.	Has your ward's mental condition changed in the last ye ☐ No change ☐ Improved Please explain:	ear?	☐ Worsened		
8.	Are you kept regularly informed of your ward's physical and mental condition by medical and human services staff? Yes D No				
9.	Do you see any possibility of your ward being able to manage the ward's personal matters in the future? ☐ No ☐ Yes (please explain:)				
10.	How often do you personally visit the ward? ☐ At least 4 times a year. ☐ Other: ☐ N			o you contact your ward in other ways? Telephone	
12.	. Do you have any recommendations about your ward's welfare?				
13.	Do you have any other comments about your ward?				
14.	Are you interested in being a volunteer/guardian for others? Yes No	15. Do you wish additional information on your role as a ☐ Yes ☐ No			ole as a guardian?
		Signature	of Guardian(s)		
File by the due date with the Register in Probate. Send copy to the Board or Agency designated by the county.		Date Signe			an's Telephone Number
		Guardian's	Address (Check if add	ress chan	ged in last 12 months.)